COMBINED DECLARATION FOR SARENT APPLICATION AND POWER OF STORNEY (includes Reference to PCT International Applications)

Attorney's Docket No. RW-119PCT

As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name,							
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: DOSING SPOON FOR MICRO-TABLETS							
X is attached heret	the specification of which (check only one item below): is attached hereto. was filed as United States application						
on and was amended on		(if appl	Licable).				
X was filed as PCT	international applicati	ion					
Number <u>PCT/EP</u> (on <u>May 3,</u>	2000						
	under PCT Article 19	(if appl	Licable).				
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.							
I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).							
foreign application(s) application(s) design listed below and have inventor's certificate country other than the state of	gn priority benefits und s) for patent or inventor nating at least one cour e also identified below te or any PCT internation ne United States of Amer before that of the appl	or's certificate or of a ntry other than the Unit any foreign application onal application(s) desi rica filed by me on the	any PCT international ted States of America n(s) for patent or ignating at least one same subject matter				
PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:							
COUNTRY (if PCT, indicate PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119				
GERMANY	299 07 996.1	6 May 1999	X YES NO				
			YES NO				
			L				

corney (Continued)

Docket No. RW-119PCT

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of the application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty of disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occured between the filing date of the prior application(s) and the national or PCT internation filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:

U.S. APPLICATIONS				STA	STATUS (CHECK ONE)			
U.S. APPLICATION NUMBER		U.S. FILING DATE		PATENIED	PENDING	ABANDONED		
PCT APPLICA	MIONS DESI	CNATING '	THE U.S.					
PCT APPLICATION NO.	PLICATION NO. PCT FILING DATE U.S. SERIAL NO.							
		•						

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

FRIEDRICH KUEFFNER, REG. NO. 29,482

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-				G 1 G' W	
		<u>Family Name</u>	<u>First Given Name</u>	<u>Second Given Name</u>	
2	OF INVENTOR	Moest Thomas			
	RESIDENCE & CITIZENSHIP		State Or Foreign Country	<u>Citizenship</u>	
0		Moorrege	Germany	Germany	
1		<u>Post Office Address</u>	City	State & Zip Code	
	ADDRESS				

PTO-1391 (REV. 10-83)

U.S. DEPARTMENT OF COMMERCE - Patent and Trademark Office

Combined Declaration For Parent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications) Docket No. RW-119PCT								
FULL NAME OF INVENTOR		Family Name Matz		First Given Name		Second Given Name		
0	RESIDENCE & CITIZENSHIP	<u>City</u> Tornesch		State Or Foreig	n Country	<u>Citizensi</u>		
2	POST OFFICE ADDRESS	Post Office Addr		City D-25436 Torne	esch	State & S	_	
· · · · ·								
2	FULL NAME OF INVENTOR	Family Name		First Given Name State Or Foreign Country		Second G.	iven Name	
0	RESIDENCE & CITIZENSHIP	<u>City</u>				<u>Citizenshi</u> p		
3	POST OFFICE ADDRESS	Post Office Adda	ress	City		State & .	Zip Code	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
SIGNATURE OF INVENTOR 201			SIGNATURE OF INVENTOR 202		SIGNATURE OF INVENTOR 203			
DATE			DATE		DATE			

PTO-1391 (REV. 10-83)

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